



U.S. Small Business Administration Counseling Information Form

OMB Approval No.:3245-0324
Expiration Date: 05/31/2027

Client Number:
DUNS or SAM Number:
Location Code:
Initials of Data Inputter:

1. Organization _____
2. Office City/State _____

PART I: Client Request for Counseling

3. Client Name (Name of the person completing the form/representative of the business) (Last, First, MI)	4. Email
5. Telephone Primary _____ Secondary _____	6. Country
7. Street Address/PO Box (give business address if currently in business) 8. City	9. State 10. Zip +4

11. Client Agreement: I request business counseling service from an SBA Resource Partner, I authorize SBA or its agents to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees not to: 1) recommend goods or services in which he/she has an interest, and 2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, and that of its Resource Partners and host organizations, arising from this assistance. I understand that any information disclosed will be protected to the extent permitted by law. (SBA or its agents will not provide your personal information to commercial entities.)

Use of Information: The information in this form is to be provided by individuals and business seeking technical assistance services from SBA Resource Partner. The information is collected to help SBA's continuing improvement of business counseling programs, to ensure effective oversight and management of entrepreneurial development programs and grants, and to meet Congressional and Executive Branch reporting requirements. The form should be submitted at the site of service to the counselor providing the service. Resource Partners will submit information to SBA according to the terms of their notice of award.

Client Signature: _____

Date: _____

12. Participation in Surveys and SBA Communication: I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA Resource Partner services. I permit SBA or its agent the use of my name and address for SBA surveys and information mailings regarding SBA products and services. Yes No

13. Primary Counseling Sought (select 2-3 topics only)

- | | | | |
|---|--|---|--|
| Business Start-up/Preplanning (How do I start a small business?)
Business Plan
Business Financing/Capital Sources (such as applying for a loan, equity capital)
Business Operations/Management
Human Resources/Managing Employees | Customer Relations
Business Accounting/Budget
Business Financial/Cash Flow
Tax Planning
Franchising
Buy/Sell Business
Technology | Marketing/Sales (promotion, market research, pricing, etc.)
Government Contracting (including certifications)
Disaster Planning/Recovery
Cyber Security/Cyber Awareness
Credit Counseling | eCommerce (using Internet to do business)
Legal Issues (such as, Should I incorporate?)
International Trade
Intellectual Property Training
Other |
|---|--|---|--|

Describe specific assistance requested in the space provided

14. Race (mark one or more)	15. Ethnicity	16. Sex	17. Do you consider yourself a person with a disability?
Native American/Alaska Native _____ Asian _____ Black or African American _____ Middle Eastern _____ Native Hawaiian/Other Pacific Islander _____	White _____ North African _____ Prefer not to say _____ Prefer to Self-Describe _____	Hispanic or Latino _____ Non Hispanic or Latino _____ Prefer not to say _____	Male _____ Female _____ Yes _____ No _____ Prefer not to say _____

18. Military Status	No military service _____ Prefer not to say _____	Veteran _____ Service Disabled Veteran _____	Member of the Reserve _____ Active Duty _____	Member of National Guard _____ Spouse of Military Member _____	Branch of Service	_____
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19. Referred by (Mark all that apply)					
SBA District _____	SBDC _____	Other Client _____	Magazine/Newspaper _____	Other _____	_____
Lender _____	SCORE _____	Educational Institution _____	Word of Mouth _____	USEAC _____	_____
Business Owner _____	WBC _____	Local Economic Development Official _____	Television/Radio _____	Boots to Business _____	_____
SBA Web site _____	VBOC _____	Chamber of Commerce _____	Internet (please indicate website) _____	_____	_____

PART II: Client Intake (to be completed by all Clients)

20. Are you currently in business? Yes _____ No (STOP form is complete) _____ Undetermined (STOP form is complete) _____

21. Company/Business Name _____ **22. Are you currently exporting?** Yes _____ No _____
If yes to 22, please go to Appendix A on page 3 to indicate the markets to which your company currently exports (mark all that apply).

23. Type of Business (choose primary category)			
Mining _____	Manufacturing _____	Real Estate and Rental and Leasing _____	Professional, Scientific and Technical Services _____
Utilities _____	Finance and Insurance _____	Health Care and Social Assistance _____	Management of Companies and Enterprises _____
Information _____	Wholesale Trade _____	Accommodation and Food Services _____	Agriculture, Forestry, Fishing and Hunting _____
Construction _____	Public Administration _____	Arts, Entertainment and Recreation _____	Administrative and Support _____
Retail Trade _____	Educational Services _____	Transportation Warehousing _____	Waste Management & Remediation Services _____
			Other Services (except Public Administration) _____

24. Business Ownership – What percentage of your business is woman owned? _____% Woman Owned	25. Conducting Business Online Yes _____ No _____	26. 8(a) Certified Yes _____ No _____
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27a. No. of Employees	28a. For your most recent full business year, what were your: Gross Revenues/Sales _____ +Profits/-Losses _____	29. Legal Entity
27b. Of total employees, how many are engaged in the exporting aspect of your business: _____	28b. Amount of your Gross Revenues/Sales related to exporting \$ _____	Sole Proprietor _____ Corporation _____ LLC _____ S-Corporation _____ Partnership _____ Other _____

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Funding Source:

Part III: Counselor Record

30. Client Name (please use the client who will be counseled) (Last, First, MI)		31. Email	
32. Telephone Primary _____ Secondary _____		33. Country	
34. Street Address/P.O. Box		35. City	36. State
		37. Zip	+4
38a. Is the client verified to be in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (skip to 45) <input type="checkbox"/> Undetermined (skip to 45)		39a. Reportable Impact? <input type="checkbox"/> Yes <input type="checkbox"/> No (New Business start attributable to Resource Partner assistance)	
38b. Date Business Started		39b. Date of Reportable Impact	
40. Client Company/Business Name If yes to 41, please go to Appendix A on page 3 to indicate the markets to which your client currently exports (mark all that apply).		41. Is the client currently exporting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
42a. Total No. of Employees _____	43a. As of the most recent full business year, what were the client's annual: Gross Revenues/Sales _____ +Profits/-Losses _____		
42b. Total No of Employees Engaged in Exporting _____	43b. How much of your client's Gross Revenues/Sales were related to exporting? _____		
44. SBA or Resource Partner Service Contributed to the Following: (Mark all that apply)		SBA Financial Assistance	
SBA Loan Amount _____	Certifications	<input type="checkbox"/> Economic Impact Disaster Loan (EIDL)	
Non-SBA Loan Amount _____	<input type="checkbox"/> 8(a) <input type="checkbox"/> WOSB	<input type="checkbox"/> Export Express	
Amount of Equity Capital Received _____	<input type="checkbox"/> Hubzones <input type="checkbox"/> EDWOSB	<input type="checkbox"/> Export Working Capital	
No. of Government Contracts/Subcontracts _____	<input type="checkbox"/> SDB <input type="checkbox"/> SDVOSB	<input type="checkbox"/> Community Advantage	
Annual Value of Government Contracts/Subcontracts Received _____	<input type="checkbox"/> Other <input type="checkbox"/> VOSB	<input type="checkbox"/> Micro Loan	
No. of SBA Loans _____		<input type="checkbox"/> SBIR	
No. of Non-SBA Loans _____		<input type="checkbox"/> Other (SBIR, SBIC, 7(a) 504, etc) _____	
No. of Equity Transactions _____			
45. What was the nature of the counseling you provided the client? (choose primary category)			
<input type="checkbox"/> Business Start-up/Preplanning	<input type="checkbox"/> Customer Relations	<input type="checkbox"/> Cyber Security/Cyber Awareness	
<input type="checkbox"/> Business Plan	<input type="checkbox"/> Credit Counseling	<input type="checkbox"/> Legal Issues	
<input type="checkbox"/> Business Financing/Capital Sources	<input type="checkbox"/> Business Accounting/Budget	<input type="checkbox"/> International Trade	
<input type="checkbox"/> Business Operations/Management	<input type="checkbox"/> Business Financial/Cash Flow	<input type="checkbox"/> Intellectual Property Training	
<input type="checkbox"/> Human Resources/Managing Employees	<input type="checkbox"/> Tax Planning	<input type="checkbox"/> Disaster Planning/Recovery	
	<input type="checkbox"/> Marketing/Sales	<input type="checkbox"/> Other	
Please specify other counseling provided _____			
46. Referred Client to (mark all that apply)			
<input type="checkbox"/> WBC	<input type="checkbox"/> APEX Accelerator	<input type="checkbox"/> Department of Agriculture	<input type="checkbox"/> SBA District Office
<input type="checkbox"/> SCORE	<input type="checkbox"/> DFC (OPIC)	<input type="checkbox"/> Department of State	<input type="checkbox"/> SBA Office of International Trade (OIT)
<input type="checkbox"/> SBDC	<input type="checkbox"/> USEAC	<input type="checkbox"/> SBA Disaster Assistance	<input type="checkbox"/> SBA Capital Access (PPP)
<input type="checkbox"/> VBOC		<input type="checkbox"/> U.S. Trade and Development Agency	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Department of Commerce/Commercial Services Export/Import Bank			
<input type="checkbox"/> State Trade Agency			
47. Language(s) Used	48. Counselor(s) Name (If multiple counselors, list lead counselor first and separate each additional counselor name by a semi-colon):		49. Counseling Date
<input type="checkbox"/> English			
<input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify) _____			
5. Type of Session	51a. Contact Hours	51b. Prep Hours	51c. Travel Hours
<input type="checkbox"/> Training <input type="checkbox"/> Online	Total contact hours that a client received	Total amount of preparation spent by all of the counselors for a client	Total amount of time it takes to travel to a client's location for counseling
<input type="checkbox"/> Face-to-Face <input type="checkbox"/> Prepare Only			
<input type="checkbox"/> Telephone <input type="checkbox"/> Update Only			
52. Counseling Notes:			

Please note: The estimated burden for completing this form is 20 minutes. You are not required to respond to any collection information unless it displays a current valid OMB approval number. Comments on the burden should be sent to: Nexus@SBA.gov. Alternatively, inquiries can be sent to U.S. Small Business Administration, Attn: Director, Records Management Division, 409 3rd Street, SW, Washington, DC 20416 and to: Desk Officer SBA, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C., 20503. OMB Approval (3245-0324). PLEASE DO NOT SEND FORMS TO OMB.

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Privacy Act Statement: The primary purpose for collecting this information is to help SBA's continuing improvement of business counseling programs, to ensure effective oversight and management of entrepreneurial development programs and grants, and to meet Congressional and Executive Branch reporting requirements. Providing the requested information is required to obtain and/or retain benefits. Routine uses of this information are established in SBA's Privacy Act System of Record, SBA 11, Entrepreneurial Development--Management Information System published on November 3, 1999, at 64 FR 59819. Any personal information collected will be protected to the extent permitted by law, including the Privacy Act of 1974 and the Freedom of Information Act (FOIA). In addition, to the extent permitted under FOIA, confidential business information (CBI) will only be disclosed to contractor or Agency personnel assigned to work on these programs. Any Person concerned with the collection of this information, disclosure or routine use under the Privacy Act may contact the Freedom of Information/Privacy Acts Office, Small Business Administration, 409 3rd St., S.W., Washington, D.C. 20416.

Appendix A to Questions 23. & 42.

If your company is currently exporting, please indicate the countries to which your company exports. Identify all that apply referencing the attached Country List Supplement document. To access the supplemental document, please open this form in Adobe Reader. For information on current U.S. trade sanctions, please visit the Office of Foreign Assets Control: Sanctions Programs and Country Information, <https://www.treasury.gov/resource-center/sanctions/Programs/Pages/Programs.aspx>

Countries

- Subcontractor for Exporter
- Sell to Fill-Freight

Appendix B Definitions:

Middle Eastern/North African - This category includes individuals with origins in any of the original peoples of the Middle East or North Africa, including, for example, Lebanese, Iranian, Egyptian, Syrian, Moroccan, and Israeli.

In Business - A business that has completed required registration(s), if applicable, with the local, state, and/or Federal government (e.g., DBA registration, get a business license, agency issued tax identifications, etc.) AND at least one of the following:

- o Generating revenue- Has documented a transaction from the sale of a product or professional or personal service for the purpose of gain or profit.
- o Accessing Capital- Has acquired debt or Equity Infusion to pursue business operations, for example, to purchase inventory, equipment, building, business, etc.
 - Debt includes SBA Loans and Non-SBA loans. Non-SBA loans includes all forms of capital debt, for example, consumer debt products used specifically for the business, lines of credit, and other revolving debt facilities/instruments.
 - Equity Infusion includes all forms of investments from all sources, for example, angel investors, crowd funding, family contributions, owners' capital contributions, grants and other capital contributions not associated with equity.
- o Acquired Resources - Has hired and/or compensated an employee(s) including the business owner/sole proprietor or contracted with an independent contractor(s) to perform essential business functions.
- o Incurring expense- Has incurred business expenses in the operation of a business.

Reportable Impact - Counselor determines that the Resource Partner provided assistance with the business start. When the Reportable Impact indicator is marked Yes, it will be counted as a new business start if no other previous session has reported the same client to have Reportable Impact for that business.

Session Type: Training - The Training session type on the 641 may be used to record individual attendance at training sessions hosted by Resource Partners. Training courses and aggregated training attendance information is reported on the 888 form.